

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Wayne
Township Blackriver
or
Village _____
or
City _____ (NO _____ St. _____ Ward _____)

Registration District No. 892

File No. H0006-2

Primary Registration District No. 6194

Registered No. 30

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Sarah Ann Whitt

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE white SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Dec. 27, 1915
(Month) (Day) (Year)

DATE OF BIRTH Not Known
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from No Attendant physician, 1915,
that I last saw h alive on, 1915,

AGE About 95 yrs. 0 mos. 0 ds. If LESS than
1 day, 0 hrs. or 0 min.?

and that death occurred, on the date stated above, at 0 m.

OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows:

BIRTHPLACE
(City or town, State or foreign country) Tennessee

General Exhaustion from old age and Heart failure.

PARENTS
NAME OF FATHER Alfred Willard
BIRTHPLACE OF FATHER (City or town, State or foreign country) Not Known
MAIDEN NAME OF MOTHER unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

16 yr (Duration) 2 yrs. 1 mo. 5 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) M. J. Holliday
Dec 27, 1915 (Address) Chas. A. Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Beat. Moore
(ADDRESS) Hasbee Mo.

PLACE OF BURIAL OR REMOVAL Bethel Grange DATE OF BURIAL Dec. 29, 1915

Filed Dec. 27, 1915 J. L. McGhee
REGISTRAR

UNDERTAKER Red. Williams ADDRESS Jas. Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement

cause

On the first
of Planter, Physician,
Locomotive engineer, Civil engineer,
Foreman, etc. But in many cases especially in
industrial employments, it is necessary to know (a) the
kind of work and also (b) the nature of the business or
industry, and therefore an additional line is provided for
the latter statement; it should be used only when needed.
As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*,
(b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The
material worked on may form part of the second state-
ment. Never return "Laborer," "Foreman," "Manager,"
"Dealer," etc., without more precise specification, as *Day
laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women
at home, who are engaged in the duties of the household
only (not paid *Housekeepers* who receive a definite salary),
may be entered as *Housewife*, *Housework*, or *At home*, and
children, not gainfully employed, as *At school* or *At home*.
Care should be taken to report specifically the occupations
of persons engaged in domestic service for wages, as *Serv-
ant*, *Cook*, *Housemaid*, etc. If the occupation has been
changed or given up on account of the DISEASE CAUSING
DEATH, state occupation at beginning of illness. If re-
tired from business, that fact may be indicated thus:
Farmer (retired, 6 yrs.) For persons who have no occu-
pation whatever, write *None*.

Statement of cause of death.—Name, first, the
DISEASE CAUSING DEATH (the primary affection with re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-
brospinal fever* (the only definite synonym is "Epidemic
cerebrospinal meningitis"); *Diphtheria* (avoid use of
"Croup"); *Typhoid fever* (never report "Typhoid pneu-
monia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu-
monia," unqualified, is indefinite); *Tuberculosis of lungs*,
meninges, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of
..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles*;
Whooping cough; *Chronic valvular heart disease*; *Chronic
interstitial nephritis*, etc. The contributory (secondary
or intercurrent) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never
report mere symptoms or terminal conditions, such as
"*Asithenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*,"
"*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-
genital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart
failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old
age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a
definite disease can be ascertained as the cause. Always
qualify all diseases resulting from childbirth or mis-
carriage, as "*PUERPERAL septicaemia*," "*PUERPERAL
peritonitis*," etc. State cause for which surgical operation
was undertaken. For VIOLENT DEATHS state MEANS OF
INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMI-
CIDAL, or as *probably* such, if impossible to determine
definitely. Examples: *Accidental drowning*; *Struck by
railway train—accident*; *Revolver wound of head—homicide*;
Poisoned by carbolic acid—probably suicide. The nature
of the injury, as fracture of skull, and consequences (e. g.,
sepsis, *tetanus*) may be stated under the head of "Con-
tributory." (Recommendations on statement of cause of
death approved by Committee on Nomenclature of the
American Medical Association.)